



# Enrollment Form 2024-2025

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Please mark the program you are selecting for Fall 2024. Placement is based on your child's age on or before September 1<sup>st</sup>, 2024. The **non-refundable** annual Registration/Supply Fee of \$250 per child will be drafted from your account on file prior to enrollment.

### Half Day Program (9:00am-2:00pm)

Age Group                      Program                      Monthly Tuition

Infant Care for full day hours only		
Preschool A for full day hours only		
<b>Preschool B</b> (Two by 9/1)	<input type="checkbox"/> M/W/F	\$480
	<input type="checkbox"/> M-F	\$635
<b>Preschool C</b> (Three by 9/1) <i>*Must be potty trained</i>	<input type="checkbox"/> M/W/F	\$475
	<input type="checkbox"/> M-F	\$630
<b>Preschool D</b> (Four by 9/1)	<input type="checkbox"/> M/W/F	\$465
	<input type="checkbox"/> M-F	\$620

### Full Day Program (7:00am-6:00pm)

Age Group                      Program                      Monthly Tuition

<b>Preschool A1 &amp; A2</b>	<input type="checkbox"/> T/Th	\$575
	<input type="checkbox"/> M/W/F	\$870
	<input type="checkbox"/> M-F	\$1450
<b>Preschool A3</b> (Older Ones)	<input type="checkbox"/> T/Th	\$565
	<input type="checkbox"/> M/W/F	\$830
	<input type="checkbox"/> M-F	\$1380
<b>Preschool B</b> (Two by 9/1)	<input type="checkbox"/> M/W/F	\$780
	<input type="checkbox"/> M-F	\$1115
<b>Preschool C</b> (Three by 9/1) <i>*Must be potty trained</i>	<input type="checkbox"/> M/W/F	\$765
	<input type="checkbox"/> M-F	\$1110
<b>Preschool D</b> (Four by 9/1)	<input type="checkbox"/> M/W/F	\$730
	<input type="checkbox"/> M-F	\$1095

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Emergency Contact (Friend or Relative - may not be parent)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Authorization to Pick Up *\*Contact the front desk to add/edit this list*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ I give consent for my child to participate in the following water activities:

(initial here)

Sprinkler Play

Water Table Play

\_\_\_\_\_ I give consent for my child to be transported and supervised by the operation's employees:

(initial here)

For Emergency Care

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

First time Enrollees: Who can we thank for your enrollment? \_\_\_\_\_ Revised 1/4/24